

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-019659

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No.

Registrar's No. 47

FILED MAY 23 1963

1. PLACE OF DEATH

a. COUNTY Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWNSHIP Huggins Township

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION N.W. of Albany

Length of stay in 1b

lifetime

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gentry

c. CITY

OR TOWN

Huggins Township

d. STREET ADDRESS

N.W. of Albany

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

FRED

Middle

(NMN)

Last

AUSTIN

4. DATE OF DEATH

Month

May

Day

15

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/8/1909

9. AGE (last birthday)

53

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Gentry Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Robert T. Austin

13b. MOTHER'S MAIDEN NAME

Jennie Walker

14. NAME OF HUSBAND OR WIFE

Aleene Mercer Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no or unknown) (If yes, give war or dates of)

yes WW II

17. INFORMANT

Mrs. Fred Austin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

Interval between onset and death

10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Frequent attacks of U.R.I.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1956 to 5-15-63 and last saw him alive on 5-15-63

Death occurred at 2:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. D. L. W. Bare

22b. ADDRESS D.O. Albany, Mo.

22c. DATE SIGNED 5-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE May 17, 1963

23c. NAME OF CEMETERY OR CREMATORY Grandview

23d. LOCATION (City, town, or county) Albany, Missouri

24. FUNERAL DIRECTOR ADDRESS Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG. 5-19-63

26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1963

recd  
5-19-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Coehel

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

MAILED 11 1963